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RUEHBN/AMCONSUL MELBOURNE 0007
RUEHBR/AMEMBASSY BRASILIA 0008
RUEHBU/AMEMBASSY BUENOS AIRES 0001
RUEHBY/AMEMBASSY CANBERRA 0022
RUEHDN/AMCONSUL SYDNEY 0024
RUEHGP/AMEMBASSY SINGAPORE 0005
RUEHJA/AMEMBASSY JAKARTA 0005
RUEHLP/AMEMBASSY LA PAZ 0001
RUEHMN/AMEMBASSY MONTEVIDEO 0001
RUEHNZ/AMCONSUL AUCKLAND 0021
RUEHOR/AMEMBASSY GABORONE 0001
RUEHPB/AMEMBASSY PORT MORESBY 0005
RUEHPE/AMEMBASSY LIMA 0001
RUEHPT/AMCONSUL PERTH 0003
RUEHQT/AMEMBASSY QUITO 0001
RUEHSA/AMEMBASSY PRETORIA 0001
RUEHSG/AMEMBASSY SANTIAGO
RUEHSV/AMEMBASSY SUVA 0006
RUEHWD/AMEMBASSY WINDHOEK 0001
RUEHWL/AMEMBASSY WELLINGTON

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SENSITIVE

SIPDIS

STATE PASS TO DEPT OF HEALTH AND HUMAN SERVICES AND CENTERS FOR DISEASE CONTROL

E.O. 12958: N/A

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SOCI, TBIO, UY, WA

SUBJECT: DATA COLLECTION OF NEW ZEALAND GOVERNMENT INTERVENTIONS RE
H1N1

REF: A: 09 STATE 73971; B: 09 WELLINGTON 213; C: 09 WELLINGTON 177

1) (SBU) The Government of New Zealand (GNZ) has responded to H1N1 Influenza A aggressively since the virus was first detected here in April 2009 as reported by Post SitReps, cables (see reftel B and C) and emails since late April. GNZ's initial intervention program was a comprehensive containment policy that sought to delay community transmission for as long as possible. Containment seemed to delay community transmission from taking root until late June.

2) (U) The following is a list of public health interventions instituted by the Government and public health authorities as a part of the Containment Strategy in place since April 2009 (reftel C).

* The NZ Ministry of Health (MoH) warned citizens and visitors to take standard flu season precautions back in April to prevent the spread of the virus. This included precautions to stay at least a meter distant from those exhibiting symptoms, wash hands regularly and cover coughs. Persons who suspected that they had H1N1 were asked to stay at home and call a doctor instead of visiting an office where other people might become infected. Government workers were advised to practice 'social distance' to avoid spreading illness.

* MoH instituted a robust border check program where all inbound visitors and citizens were informed of H1N1 and its symptoms. Visitors and citizens were required to fill out locator forms in case they were later determined to be at risk of having the virus due to contact with other confirmed cases. In the meantime, all suspected cases were swabbed and tested, at ports of entry and at clinics and hospitals.

* All suspected and confirmed cases, as well as those in close contact with confirmed cases were immediately asked to self-isolate (the Government assisted visitors to NZ with this by providing for hotel rooms at the expense of the Crown), and were

provided with a course of Tamiflu free of charge. These cases were visited by a health official when possible to follow up. All confirmed cases until late June were clearly connected with international travel.

* Vaccination for seasonal Influenza was urged by the government to reduce strain on the healthcare system. The shot was made free to all NZ citizens to encourage vaccination in late June.

* School closures had been under discussion since April when the first cases NZ were detected in a group of students returning from Mexico. There have been no full school closures to date, although a few schools have requested that whole classes stay at home for a week.

* In reaction to the continuing spread of the virus, H1N1 Influenza A was made a notifiable disease on June 8, 2009.

3) (U) After sustained community transmission was detected and H1N1 was not as severe as previously feared, MoH moved on from Containment to Management of the pandemic. Management consists of focused care on those who are at high risk of severe illness resulting from H1N1, requesting the population self-treat what will be a mostly mild to moderate illness, and boosting resources to regional health authorities. Tamiflu is still available at pharmacies to those in the general public that exhibit flu-like

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symptoms for around NZ\$75. The retroviral drug is no longer being freely distributed to all suspected and confirmed cases. This is the response strategy currently in place as H1N1 makes its way through the population, and supersedes Containment protocols in terms of Tamiflu distribution and swabbing for tests.

4) (U) In 2006, the NZ Treasury modeled the economic impact of a 'mild' influenza pandemic on the economy at 0.7 percent of GDP. In a July 3 2009 paper, the NZ Treasury revised its projection and stated that the impact from the current influence is likely to be "much less than the lower bound of 0.7 percent of GDP as modeled in the 2006 Treasury paper". Current NZ GDP is NZD 132 billion.

5) (SBU) Comment. NZ's containment strategy is only possible because there are very few ports of entry into the country to screen, and because the population is relatively small. The NZ public has mostly heeded advice from the government to contain H1N1 transmission. This has likely assisted in delaying sustained community transmission of H1N1 until June. As noted in reftel B, GNZ has made efficient use of available resources to combat the spread of the virus by actively informing the general population with key advice, focusing resources on those that are likely to become severely ill and managing the load on the national healthcare system by encouraging vaccination for seasonal flu. Some health districts are concerned about heavy demand pushing hospital resources to the limit, but there have been no reported problems as of yet. GNZ's task has been made far easier by the small size of the NZ general population and the ability of the Government to react quickly. End comment.

WALSH